

Bimonthly Update April 2007

Public Forum Set

The next "Ask the Medicaid Commissioner" forum will be conducted 3 p.m. May 17, 2007. The forum will be held at the Health Services Auditorium in the CHR building, 275 E. Main St., Frankfort, Ky. This on-going series is open to all *KyHealth Choices* members and their guardians, providers' advocacy organizations and staff. For more information, contact Lynne Flynn at Lynne.Flynn@ky.gov.

Updated information regarding the New Medicaid Management Information System (MMIS) in Kentucky

The Department for Medicaid Services (DMS) and EDS have been working to complete the testing of our new Medicaid claims payment system. Testing is proceeding well and the new MMIS will go live on June 4, with the first payment cycle scheduled for June 8.

The final claims payment cycle in the current (legacy) system will begin May 25. Electronic claim submissions for this final cycle will be accepted until 5 p.m. EST on May 25. Paper claims received by EDS on or before May 18 and completely adjudicated will go into the final claims cycle. Any paper or ECS claims received before the cut-off date but are not completely adjudicated in the legacy MMIS by May 25 will be denied and must be resubmitted by the provider. Any paper claims received after May 18, and electronic claims received after 5 p.m. EST on May 25, will be processed in the new MMIS.

In order to ensure a smooth transition to the new system, **DMS will remove the 21-day cash** management hold for the May 25 cycle. The 21-day hold will be in effect for the first payment cycle executed in the new system June 8.

If you have any questions, please call our provider help desk at (800) 807-1232.

Federal Agency Awards \$49 Million Grant to Kentucky for Alternatives to Nursing Home Care.

The federal Centers for Medicaid and Medicare Services (CMS) announced May 14 that Kentucky will receive more than \$49 million over five years to build Medicaid long-term care programs that will help keep people at home and out of institutions. Kentucky was one on only 13 states chosen by CMS.

Kentucky will receive \$4.9 million this year and \$49.8 million over the next five years. Ultimately, CMS awards to all 13 states will total \$1.75 billion over five years (2007 -2011) to help shift Medicaid's traditional emphasis on institutional care to a system offering greater choices that include home and community-based services. This "Money Follows the Person" initiative was included in the Deficit Reduction Act of 2005 (DRA), currently being implemented by CMS. It is a component of the administration's New Freedom Initiative, a nationwide effort to remove barriers to community living for people of all ages with disabilities or chronic illnesses.

The federal government estimates that states will be able to move more than 14,000 people into community settings using these grant awards, with Kentucky's funding accounting for the transitions of 431 people.

For more details about the New Freedom Initiative, of which this demonstration is part, visit the CMS Web site at http://www.cms.hhs.gov/newfreedom/.

Interesting Medicaid Facts

Listed below is information about paid Pharmacy claims for first quarter of 2007

Total amount of Pharmacy Claims paid: \$101,816,320.18

total amount of Generic Pharmacy Claims paid: \$38,438,109.37

Total number of Pharmacy claims submitted: 2,979,576

- total number of brand Pharmacy claims submitted: 848,354
- total number of generic Pharmacy claims submitted 2,131,222

Total amount of Pharmacy co-pays paid: \$2,140,802.38

Total amount of Pharmacy co-pays-Brand paid: \$930,549.42
 Total amount of Pharmacy co-pays-Generic paid: \$1.210.252.96

Total number of members that paid a co-pay: 529,895

- Total number of members that paid a co-pay Brand: 197,291
- Total number of members that paid a co-pay Generic: 332604

Total number of Claims requiring a co-pay: 1,660,531

- Total number of Claims requiring a co-pay Brand: 472,287
- Total number of Claims requiring a co-pay Generic: 1,188,244

Newly formatted Prescription Drug List (PDL)

Providers and members should be able to access the PDL at First Health's Pharmacy Web site at https://kentucky.fhsc.com/Pharmacy/Providers/DrugInfo.asp. This new format list drugs by therapeutic class rather than by tier, making it easier for providers and members to locate the most cost-effective prescription solutions.

First Health has also just recently added Epocrates software which allows a powerful database to be downloaded to doctors' handheld devices: First Health has information available on the pharmacy Web site at https://kentucky.fhsc.com/pharmacy/sectionMains/EpocMain.asp.

Regulations Update

DMS has just recently started to work on amending regulations to allow providers to bill certain injectable and infusible drugs through the physician program, in addition to the pharmacy program. This will prevent the patient from going to the pharmacy to purchase the drugs and then go back to the physician's office to either have them injected or infused. This amended regulation will allow more choice as to how providers and members obtain prescription drugs.

Regulation Web sites of Interest:

To access current emergency and ordinary regulations filed with the Legislative Research Commission (LRC), visit http://www.chfs.ky.gov/dms/Regs.htm

To access regulations that have either been amended or not amended, in response to public or agency comments, visit http://chfs.ky.gov/dms/Regulations+after+comments.htm.

To access the new DMS State Plan Amendments page, visit http://chfs.ky.gov/dms/stateplanamendments.htm .

Healthy at Heart Initiative

The Division of Medical Management and Quality Assurance (MMQA) continues to work with "Healthy at Heart" which is centered on health screenings for diabetes and cholesterol and blood pressure checks throughout the state. There are approximately 4,120 Medicaid members enrolled in this program. This was our first effort with a health awareness program dedicated to members with a chronic disease. We will be doing a similar program in 2007. Our disease management and preventive care programs are going quite well with newsletters going out quarterly to designated members in pilot counties. MMQA has conducted a statewide postcard mailing to Medicaid members for the month of February 2007 with preventive measures for coronary artery disease and heart attack. This mailing has the theme of "Your Heart Matters to Us." This mailing has gone to approximately 113,200 members in recognition of February being American Heart Month. We are moving forward with Wellness and Prevention Program with the Healthy @ Heart health fairs throughout the state. This

campaign began in Manchester on April 10 and we just completed another fair in Campbellsville on April 21. Our regional nurses are the working part of finding locations for our health fairs and actively participate in the events. To view a copy of this postcard, visit http://chfs.ky.gov/dms.

May is Stroke Prevention Month

The *KyHealth Choices* Department for Medicaid Services will be sending out a postcard for Stroke Awareness Month in May. DMS will send approximately 64,000 of these postcards to members. This educational information is an effort to prevent chronic diseases and to see a health care provider if any of the signs and symptoms exists. To view a copy of this postcard, visit http://chfs.ky.gov/dms.

Consumer Directed Option (CDO) Program Update

Consumer Directed Services through the Home and Community-Based Services waiver (HCB), the Supports for Community Living (SCL) waiver and the Acquired Brain Injury (ABI) waiver are currently in full swing. There are approximately 300 budgets approved. To date, most members who have elected this option are in the HCB waiver.

Self Determination

In addition to the CDO program within the three waivers, Kentucky is working to explore the next step in self-determination. DMS is currently developing a state plan amendment to provide services for individuals with disabilities through a pilot self-directed option (SDO). The pilot is planned to service 200 individuals in various parts of the state who are eligible for HCB, ABI and SCL waiver services. Through SDO, these individuals will create a highly personal budget and service plan specifically designed to meet their unique health needs. The demonstration is predicated on increasing safety and health by making effective use of committed long-term relationships and community connections to provide flexible and effect individually designed support services. DMS is currently seeking input from an advocacy workgroup on SDO plans and hopes to submit the plan to CMS shortly.

Brain Injury

The Brain Injury Branch transferred from the Department for Mental Health and Mental Retardation Services (DMHMRS) to DMS in December. Branch staff members have now completed their physical move and may be reached at:

Division of Long Term Care and Community Alternatives Brain Injury Services Branch 275 E. Main St., 6W-B Frankfort, KY 40621

Phone: (502) 564-5198 Fax: (502) 564-0249

Email contact information for branch staff members remains the same.

Acquired Brain Injury (ABI) Long Term Waiver

DMS is working to develop a second ABI Waiver to provide long-term services for individuals with acquired brain injuries. The current waiver is designed to provide intensive rehabilitation services for individuals with brain injuries. The new waiver will provide long term supports once the individual has worked through the intensive rehabilitation phase. Plans for this waiver are being developed with the assistance of a work group composed of advocates and providers. The waiver application will be submitted to CMS in the near future.

552 Issue

The Department for Independent and Aging Services (DIAL) and DMS have received complaints that 552s had not been generated for HCB/CDO individuals. DMS researched the issue with the Department for Community Based Services (DCBS), EDS and SHPS and discovered that there were system problems.

EDS identified 256 HCB/CDO problem records and 113 HCB problem records. A listing of those records were produced and provided to SHPS for correction. SHPS completed both of the listings and as of 4/18/07 all records identified had been corrected.

DCBS regional and local offices were advised of the issue and are committed to making a priority of making sure 552's are generated in a timely manner. DMS is continuing to monitor all outstanding 552 requests for the 16 Area Agencies on Aging (AAA)s and is working closely with DCBS to make sure the 552s are generated as quickly as possible. As issues are identified, DMS continues to work with EDS and SHPS to reach a quick resolution.

National Provider Identifier (NPI)

If you have not yet obtained your NPI and taxonomy code(s), please do so as soon as possible. There are three ways to obtain your NPI and taxonomy code(s):

- Contact FOX Systems to obtain a paper copy of the application by calling (800) 465-3203 or by email at customerservice@npienumerator.com
- Complete the online application at the NPPES Web site https://NPPES.cms.hhs.gov/NPPES/Welcome.do.
- An employed provider should contact their employer or other trusted organization that can obtain an NPI on their behalf through bulk enumeration, or Electronic File Interchange (EFI) with the provider's authorization.

Once providers obtain their NPI and taxonomy code(s), FOX Systems will issue verification. **AII** providers required to submit their NPI should send a copy of the FOX Systems verification and the NPI Collection Form to KyHealth Choices by either mail or fax.

KyHealth Choices NPI/Taxonomy P.O. Box 2110 Frankfort, KY 40602 Fax: (502) 607-8401

For more information on providing NPI and taxonomy information to *KyHealth Choices*, please call (800) 639-5195, 8 a.m. to 6 p.m. Monday through Friday, or visit one of the following Web sites:

- Department for Medicaid Services at https://chfs.ky.gov/provider.htm
- KyHealth Choices at https://kyhealthchoices.fhsc.com
- Centers for Medicare and Medicaid Services at http://www.cms.hhs.gov/NationalProvIdentStand/

Submitting National Provider Identifier (NPI) to KyHealth Choices for Pharmacist

Effective **May 14, 2007**, Kentucky Medicaid Pharmacy providers may begin submitting the pharmacy's NPI in the service provider ID field on pharmacy claims. The legacy service provider ID will also remain acceptable as the provider ID until DMS releases a date for mandatory use of the pharmacy's NPI. Pharmacy providers will be notified well in advance of implementation of this requirement. Pharmacy Services providers are encouraged to begin submitting the pharmacy's NPI, instead of the legacy service provider ID beginning May 14, 2007.

When submitting claims using the NPI, Pharmacy Services providers are reminded to use the Service Provider ID qualifier of '01' in NCPDP field number 202-B2. The prescriber ID will continue to be the state license number until further notice.

Pharmacy providers are encouraged to sign up for automated email updates in order to receive the latest information and reminders regarding NPI requirements. To sign up, visit the Kentucky pharmacy Web site at http://kentucky.fhsc.com/pharmacy/default.asp. On the Web site, choose the "Providers" tab, click on "Email Update Registration", then supply the requested information and "Submit".

Providers who have not yet applied for their NPI should do so as soon as possible. Pharmacies will receive enumeration through the NPPES. During the enumeration process, providers will choose the appropriate taxonomy code. Bulk enumeration is completed through the Electronic File Interface (EFI) process for approved organizations.

NCPDP issued documentation to their member pharmacies providing the opportunity for them to be enumerated as part of the NCPDP EFI process. In addition, large provider organizations and payer organizations may have applied for Bulk Enumeration through the EFI process with the NPPES system.

NPI information and registration forms are available at the following sites:

NCPDP – Electronic File Interchange (EFI), bulk file enumeration - Complete the on-line application on the NCPDP web site at http://www.ncpdp.org/pdf/Provider_number_app.pdf
NPPES – National Provider & Plan Enumeration System - Complete the on-line application on the NPPES web site at https://NPPES.cms.hhs.gov/NPPES/Welcome.do or contact NPPES to obtain a paper copy of the application by calling (800) 465-3203 or by e-mail at customerservice@npienumerator.com

Upon completion of the enumeration process, providers will receive their NPI and taxonomy code(s), NPPES will issue verification. All providers required to submit their NPI should send a copy of the verification and the collection form to *KyHealth Choices* before submitting the NPI as the service provider ID. The NPI data collection form along with verification should be mailed or faxed to the address referenced in the above NPI section.

CHIP Reauthorization update

The Senate committee has indicated that they will be working on a reauthorization bill during May. While draft legislation is not yet available, Senators Jay Rockefeller (D-WV) and Olympia Snow (R-ME) have released a general summary of the legislation they plan to introduce, which will be the basis for the committee discussions. Below are the general principles of the legislation. Please keep in mind this is preliminary information and subject to change.

General Principles of the Legislation

- The federal government should provide significant new resources for children's coverage.
 States need to have the resources to cover additional eligible uninsured children, not simply continue to cover the number of children currently receiving S-CHIP coverage.
- States need stable and predictable funding to operate effective child health programs.
 Specifically, committee staff is attempting to design a formula that will prevent the need for Congress to provide additional funding on an annual basis to help states experiencing shortfalls.
- Every state should have the opportunity to cover more uninsured children. Under no circumstances should a state find itself worse off as a result of reauthorization.

Overall Funding

The legislation would provide \$50 billion for S-CHIP over a five-year period. S-CHIP would remain a capped block grant program.

New 2007 KCHIP Income Guidelines

CHILDREN UNDER AGE 19	
(P7)	
200% of Poverty Level MA Scale	
Family Size	Monthly Income Limit
1	\$1,702
2	\$2,282
3	\$2,862
4	\$3,442
5	\$4,022
6	\$4,602
7	\$5,182
8	\$5,762
Add \$580 for each additional member.	

Frequently Asked Questions

How do I sign up to be a Kentucky Medicaid Provider?

For more information on becoming a Kentucky Medicaid Provider, contact either the *KyHealth Choices* Provider Enrollment Office at (800) 639-5195 or the Division of Hospitals and Provider Operations at (502) 564-6511.

How do I check on the status of my enrollment?

Contact either the *KyHealth Choices* Provider Enrollment Office at (800) 639-5195 or the Division of Hospitals and Provider Operations at (502) 564-6511.

How do I check the status of my claim?

Providers may check the status of their claim by either the Automated Voice Response System at (800) 807-1301 or logging onto KYHealth-Net at http://www.chfs.ky.gov/dms/kyhealth.htm.

Where do I go to find a replacement card?

Contact your local Department for Community Based Services (DCBS) office or the Office of the Ombudsman at either (502) 564-5497 or toll-free at (800) 372-2973. For a listing of local DCBS offices, visit https://apps.chfs.ky.gov/office_phone/.

How do I apply for Medicaid Services?

Go to your local DCBS office to sign up for KyHealth Choices. If you can't get to the office, you can have someone sign up for you. You have to write a letter that gives them permission to sign up for you. You can also call or write the local DCBS office. For a listing of local DCBS Offices, visit https://apps.chfs.ky.gov/office_phone/;

Where can I go to find a doctor who takes Medicaid in my county?

To locate a provider based on specialty, name or location, visit https://kentucky.fhsc.com/kmaa/members/provider-search.asp.